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Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL LKQ Corporation Employee Good Government Fund (b) Number and Street Address 2900 S. Port Royale Blvd 2. FEC IDENTIFICATION NUMBER C00458158 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY Fort Lauderdale 33308 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) DANIEL E. LUNGREN 03 05/04/2009 House CA (ii) PATRICK LEAHY 00 06/18/2009 Senate VT(iii) CHARLIE CRIST Senate FL 00 06/25/2009 (iv) SHELDON MR WHITEHOUSE 07/16/2009 Senate RI 00 CHARLES A WILSON (v) House OH 06 07/24/2009 (b) Contributors: The committee received a contribution from its 51st contributor 05/08/2009 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 01/06/2009 (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER DATE SIGNATURE OF TREASURER Electronically Filed by Eileen Sottile 03/23/2010 Eileen Sottile Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Federal Election Commission, Washington, DC 20463

Toll-free 800-424-9530 Local 202-694-1100

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